

# Work Order ID 50932

July 27, 2009 9:53:38 AM

Page 1

Item ID: D3688-1

Accept

Revision ID: B

Item Name: STUD

Start Date: 7/27/09

Start Qty: 35.00

Required Date: 8/07/09

Req'd Qty: 35.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan: *V*

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

Stop

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

D3688

Rev B

100

0.00



BAND SAW

Bandsaw

Memo

0.00

Jeaspa Bandsaw

\*\*\*DO NOT USE CHOP SAW\*\*\*

☐ Cut blank 11.673" long

*09.08.05*

12

110

0.00



DOOSAN LATHE

Doosan

Memo

0.00

Doosan Lathe

1-Turn as per Folio FA718 Rev: *A* & Dwg D3688 Rev: *B* 2-Deburr  
per dwg D3688

*09.08.05*

12

120

0.00



QC2- Inspect parts off machine FAI/FAIB

QC

Memo

0.00

Quality Control

*08.08.05*

12

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 50932**

July 27, 2009 9:53:38 AM

Page 2

Item ID: D3688-1

Accept

Revision ID: B

Item Name: STUD

Setup Start

Stop

Start Date: 7/27/09 Start Qty: 35.00

Required Date: 8/07/09 Req'd Qty: 35.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start




Stop

QC:

Date:

SPC (Y/N):

Date:

| Sequence ID/<br>Work Center ID                                                                                               | Operation<br>Description                                                                                                   | Set Up/<br>Run Hours | Draw<br>Number | Draw<br>Rev. | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|--------------|--------------|---------------|---------------|------------------|----------------|
| 130<br><br>Lathe Conv<br>Conventional Lathe | CONVENTIONAL LATHE<br><br>Memo<br>Face to finished length as per dwg D3688 AND center drill as per Dwg D3688               | 0.00<br><br>0.00     | 5/109/08/08    |              |              | 12            |               |                  |                |
| 140<br><br>QC<br>Quality Control           | QC2- Inspect parts off machine FAI/FAIB<br><br>Memo                                                                        | 0.00<br><br>0.00     | 5/109/08/08    |              |              | 12            |               |                  |                |
| 150<br><br>Doosan<br>Doosan Lathe         | DOOSAN LATHE<br><br>Memo<br>1- Turn as per Folio FA718 Rev: <u>B</u> & Dwg D3688 Rev: <u>B</u> 1:2-Deburr<br>per dwg D3688 | 0.00<br><br>0.00     | 1/09/08/08     |              |              | 12            |               |                  |                |

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                                |                                 |                |                           |                       |                          |
|------|------|----------------------------------|--------------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action<br>Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng           | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                                |                                 |                |                           |                       |                          |
|      |      |                                  |                                |                                 |                |                           |                       |                          |
|      |      |                                  |                                |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

# Work Order ID 50932

July 27, 2009 9:53:38 AM



Item ID: D3688-1

Accept



Setup Start



Revision ID: B

Stop



Item Name: STUD

Start Date: 7/27/09 Start Qty: 35.00



Cust Item ID:

Required Date: 8/07/09 Req'd Qty: 35.00



Customer:

Reference:

Run Start



Approvals: Process Plan:

Date:

Tooling:

Date:

Stop



QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

QC2- Inspect parts off machine FAI/FAIB

0.00



QC

Memo

0.00

*09.08.10*

12

Quality Control

170

QC8- Inspect parts - second check

0.00



QC

Memo

0.00

*09/08/10*

12

Quality Control

180

PURCHASING

0.00



Purchasing

Memo

0.00

*09/08/11 12*

Purchasing

Issue P/O: 10194

☐ LPI Per ASTM 1417 LEVEL

☒ Certificate of conformaty is required

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

**Work Order ID 50932**

July 27, 2009 9:53:38 AM

Page 4

Item ID: D3688-1

Accept

Revision ID: B

Item Name: STUD

Setup Start

Stop

Start Date: 7/27/09

Start Qty: 35.00

Required Date: 8/07/09

Req'd Qty: 35.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

Stop

QC:

Date:

SPC (Y/N):

Date:

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run HoursDraw  
NumberDraw  
Rev.Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

190

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00



Packaging

Memo

0.00

Packaging

Ensure certificate of conformity is attached

CY 09/08/11 12

200

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

mm 09 08 11 (12)

210

Identify as per dwg & Stock Location: G-A

0.00



Packaging

Memo

0.00

Packaging

SB 09/08/12 (12)

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |  |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|--|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |  |
|      |      |                    |    |      |     |                                     |                          |  |
|      |      |                    |    |      |     |                                     |                          |  |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries



# Work Order ID 50932

July 27, 2009 9:53:38 AM

Page 5

Item ID: D3688-1

Accept

Revision ID: B

Item Name: STUD

Start Date: 7/27/09

Start Qty: 35.00

Required Date: 8/07/09

Req'd Qty: 35.00

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run

Start

Stop

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Draw  
Number

Draw  
Rev.

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

220

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

09.08.13

09.08.13

09/08/12

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |  |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|--|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |  |
|      |      |                    |    |      |     |                                     |                          |  |
|      |      |                    |    |      |     |                                     |                          |  |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

# Picklist Print

July 27, 2009 9:53:38 AM

Work Order ID: 50932

Parent Item: D3688-1RevB

Parent Item Name: STUD

Comments:

Start Date: 7/27/09

Required Date: 8/07/09

Start Qty: 35.00

Required Qty: 35.00

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Remaining<br>Qty To Pick | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|--------------------------|---------------|----------------|--------|
| M174PH-H900R1.000               |                        | Purchased     | No          |                     |                  | 100             | f                  | 64.5000        | 40.0474                  |               |                |        |



17-4SS H900 ROUND BAR 1.00

| <u>Warehouse</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|------------------|----------------|-----------------|
| <u>Location</u>  |                |                 |
| Main Warehouse   |                |                 |
| MAT              | 64.5           |                 |
| 110213           | 3.3            |                 |
| 110750 ✓         | 24.99          |                 |
| 110990           | 11.87          |                 |
| 111055           | 24.34          |                 |

RF 09.08.10 12'

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

**NOTE:** Date & initial all entries

|                                     |  |                     |                |
|-------------------------------------|--|---------------------|----------------|
| <b>DART AEROSPACE LTD</b>           |  | <b>Work Order:</b>  |                |
| <b>Description: Stud</b>            |  | <b>Part Number:</b> | <b>D3688-1</b> |
| <b>Inspection Dwg: D3688 Rev: B</b> |  | <b>Page 1 of 1</b>  |                |

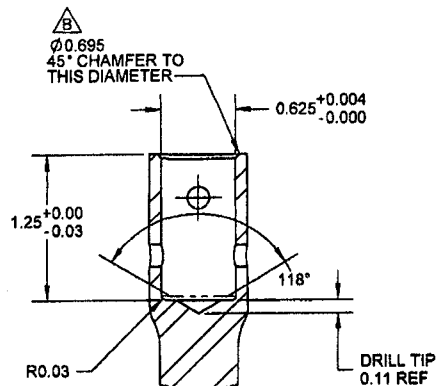
### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article ☐ Prototype

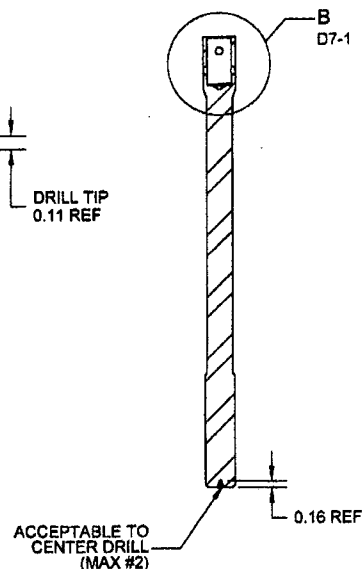
| Drawing Dimension | Tolerance       | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|-----------------|------------------|--------|--------|----------------------|----------|
| Ø0.695            | +/-0.010        | .695             | —      |        |                      |          |
| 0.625             | +0.004/-0.000   | .626             | —      |        |                      |          |
| 1.25              | +0.000/-0.03    | 1.242            | —      |        |                      |          |
| 118°              | 0.5°            | 118°             | —      |        |                      |          |
| R0.03             | +/-0.030        | R.030            | —      |        |                      |          |
| 0.11 Ref          | +/-0.030        | .105             | —      |        |                      |          |
| 90°               | 0.5°            | 90°              | —      |        |                      |          |
| Ø0.189            | +0.005/-0.001   | Ø.1915           | —      |        |                      |          |
| 1.31              | +/-0.030        | 1.315            | —      |        |                      |          |
| 1.65              | +/-0.030        | 1.650            | —      |        |                      |          |
| 0.870             | +0.000/-0.010   | .885             | —      |        |                      |          |
| Ø0.659            | +0.000/-0.015   | Ø.652            | —      |        |                      |          |
| 11.573            | +/-0.015        | 11.572           | —      |        |                      |          |
| 2.90              | +/-0.030        | 2.900            | —      |        |                      |          |
| 3/4-16UNF-2A      | N/A             | 3/4-16UNF        | —      |        |                      |          |
| 0.075 x 45°       | +/-0.010 x 0.5° | .072 x 45°       | —      |        |                      |          |
| 0.370             | +0.000/-0.010   | .366             | —      |        |                      |          |
| Ø0.189            | +0.005/-0.001   | Ø.1915           | —      |        |                      |          |
| R0.25             | +/-0.030        | R.250            | —      |        |                      |          |
| R0.50             | +/-0.030        | R.500            | —      |        |                      |          |

|                               |                              |                            |     |
|-------------------------------|------------------------------|----------------------------|-----|
| <b>Measured by:</b> <i>ML</i> | <b>Audited by:</b> <i>SA</i> | <b>Prototype Approval:</b> | N/A |
| <b>Date:</b> 09/08/09         | <b>Date:</b> 09/08/13        | <b>Date:</b>               | N/A |

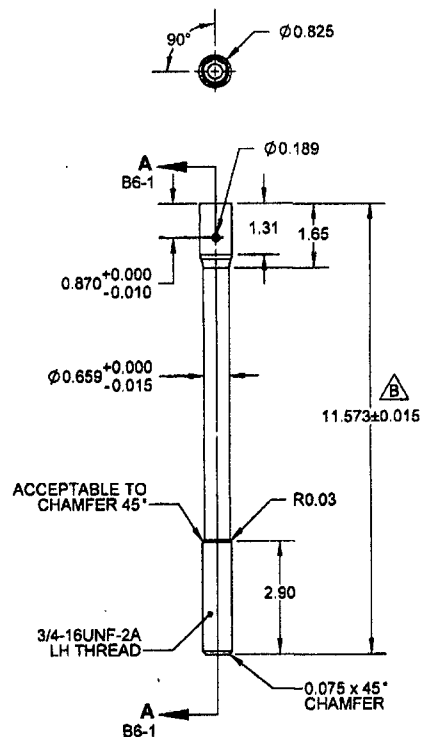
| Rev | Date     | Change    | Revised by            | Approved           |
|-----|----------|-----------|-----------------------|--------------------|
| A   | 09.05.11 | New Issue | KJ <i>[Signature]</i> | <i>[Signature]</i> |



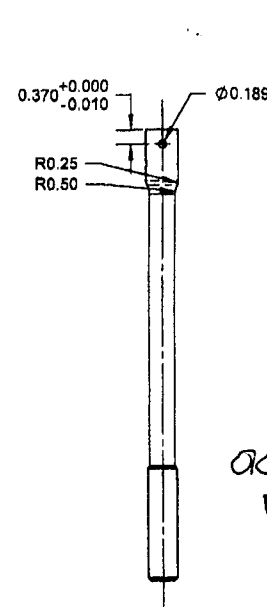
**DETAIL B**  
SCALE 3X  
D6-1



**SECTION A-A**  
D4-1



**D3688-1 STUD**



*ac MP 9/10/28*  
**UNDER REVIEW**  
*3/5/10*  
CHANGE CENTER DRILL  
TO #4

**RELEASED**  
*08/12/15*

- NOTES:**
- 1) MATERIAL: 17-4PH STAINLESS STEEL ROUND BAR PER AMS 5643 H-900 CONDITION
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: NONE
  - 7) WEIGHT: 1.24 lb
  - 8) LPI PER ASTM 1417 LEVEL 2

*WRO 50932*

|            |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                |              |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| B          | CHANGE TO 17-4PH H-900 (ZN A8-1, A8-2, A8-3, A4-4);<br>REDUCE LENGTH ON D3688-1 FROM 12.073 TO 11.573 (ZN<br>C3-1) BASED ON PROTOTYPE INSTALL; 0.695 WAS<br>0.665 (ZN D8-1, D8-2, D8-3); 0.508 WAS 0.478 (ZN D8-<br>4); REFORMATTED TO CURRENT DWG STANDARDS | RF                                                                                                                                                                                                                                                                             | 08.11.24     |
| A          | NEW ISSUE                                                                                                                                                                                                                                                    | RF                                                                                                                                                                                                                                                                             | 08.03.22     |
| REV.       | DESCRIPTION                                                                                                                                                                                                                                                  | BY                                                                                                                                                                                                                                                                             | DATE         |
| DESIGN     | RF                                                                                                                                                                                                                                                           | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                       |              |
| DRAWN      | RF                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | <i>g</i>                                                                                                                                                                                                                                                     | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. B       |
| MFG. APPR. | <i>g</i>                                                                                                                                                                                                                                                     | D3688                                                                                                                                                                                                                                                                          | SHEET 1 OF 4 |
| APPROVED   | <i>g</i>                                                                                                                                                                                                                                                     | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | <i>g</i>                                                                                                                                                                                                                                                     | STUD                                                                                                                                                                                                                                                                           | NTS          |
| DATE       | 08.11.24                                                                                                                                                                                                                                                     | COPYRIGHT © 2008 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |



## LIQUID PENETRANT TEST REPORT

P- 14945

|                  |                                                    |                |               |                 |            |                                     |      |                          |
|------------------|----------------------------------------------------|----------------|---------------|-----------------|------------|-------------------------------------|------|--------------------------|
| CLIENT           | DART AEROSPACE                                     | DATE           | Aug-10-2009   | PAGE            | 1          | OF                                  | 1    |                          |
| ATTENTION        | LINDA CHANTAL                                      | ACUREN JOB No. | 188-09-001484 | TIME            | AM         | <input checked="" type="checkbox"/> | PM   | <input type="checkbox"/> |
| ADDRESS          | 1270 ABERDEEN ST.<br>HAWKESBURY ON. K6H-1K7        | PO/NO No.      | 10194         | WORK LOCATION   | HAWKESBURY |                                     |      |                          |
| PROJECT          | F.P.I. ON MACHINED PARTS - AND CROSS TUBES         |                |               | ACCEPTANCE STD. | ASTM 1417  | REV./DATE                           | 2007 |                          |
| ITEM(S) EXAMINED | 44 STUDS. 20 RAPPELS<br>7 CROSS TUBES. + 12 STUDS. |                |               |                 |            |                                     |      |                          |

|                 |                                                                           |           |                         |           |
|-----------------|---------------------------------------------------------------------------|-----------|-------------------------|-----------|
| JOB DESCRIPTION | PROCEDURE No. LT-0002                                                     | REV./DATE | TECHNIQUE No. LT-TECH-2 | REV./DATE |
| PART No.        | MATERIAL STAINLESS STEEL THICKNESS 1/4" WELDED ALUMINUM                   |           |                         |           |
| SCOPE           | WET FLOUORESCENT LIQUID PENETRANT INSPECTION<br>CARRIED OUT 100% EXTERNAL |           |                         |           |

|                                                                                                                     |                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| TEST DETAILS                                                                                                        |                                                                                                               |
| METHOD                                                                                                              | <input checked="" type="checkbox"/> FLUORESCENT <input type="checkbox"/> VISIBLE                              |
| FAMILY BRAND                                                                                                        | MAGNAFLUX                                                                                                     |
| PENETRANT                                                                                                           | 2L 07 MINIMUM DWELL TIME 45 MIN.                                                                              |
| PENETRANT REMOVER                                                                                                   | H2O MINIMUM DRY TIME >10 MIN.                                                                                 |
| DEVELOPER                                                                                                           | SKD 52 MINIMUM DWELL TIME 10 MIN.                                                                             |
| DEVELOPER TYPE                                                                                                      | <input checked="" type="checkbox"/> NON AQUEOUS <input type="checkbox"/> AQUEOUS <input type="checkbox"/> DRY |
| WATER WASH <input checked="" type="checkbox"/> SOLVENT REMOVABLE <input type="checkbox"/> POST EMULSIFIED           |                                                                                                               |
| BLACK LIGHT S/N 16459 OUTPUT > 1000 µW/cm² AMBIENT < 2 fc                                                           |                                                                                                               |
| LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT OUTPUT > 100 fc @ SURFACE |                                                                                                               |
| OTHER LABINO                                                                                                        |                                                                                                               |
| LIGHT METER S/N CAL DUE DATE                                                                                        |                                                                                                               |
| DEC. 8 - 2009                                                                                                       |                                                                                                               |

|                     |                                                                                                                                                                                         |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TEST SURFACE        |                                                                                                                                                                                         |
| SURFACE CONDITION   | <input type="checkbox"/> AS GROUND <input type="checkbox"/> AS WELDED <input type="checkbox"/> MACHINED <input type="checkbox"/> SHOT BLASTED <input type="checkbox"/> CLEAN BARE METAL |
| SURFACE TEMPERATURE | <input type="checkbox"/> < -4°C/ 20°F <input type="checkbox"/> -4°C/ 20°F TO 10°C/ 50°F <input type="checkbox"/> 10°C/ 50°F TO 52°C/ 125°F <input type="checkbox"/> > 52°C/ 125°F       |

|                                                                                                                                     |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| RESULTS-                                                                                                                            | <input type="checkbox"/> METRIC <input type="checkbox"/> IMPERIAL |
| 14 PCS STUDS - W.O. 509 33 ✓                                                                                                        |                                                                   |
| 20 PCS STUDS - W.O. 507 21 ✓ 24 x 10                                                                                                |                                                                   |
| 12 PCS STUDS - W.O. 509 32 ✓                                                                                                        |                                                                   |
| 10 PCS RAPPEL - W.O. 509 67 ✓                                                                                                       |                                                                   |
| 10 PCS RAPPEL - W.O. 509 68 ✓ 5 x 15                                                                                                |                                                                   |
| 1 CROSS TUBE - W.O. 510 83 ✓                                                                                                        |                                                                   |
| 1 CROSS TUBE - W.O. 510 84 ✓                                                                                                        |                                                                   |
| 1 CROSS TUBE - W.O. 510 85 ✓                                                                                                        |                                                                   |
| 1 CROSS TUBE - W.O. 508 73 ✓                                                                                                        |                                                                   |
| 1 CROSS TUBE - W.O. 508 27 ✓                                                                                                        |                                                                   |
| 1 CROSS TUBE - W.O. 508 00 ✓                                                                                                        |                                                                   |
| 1 CROSS TUBE - W.O. 508 26 ✓                                                                                                        |                                                                   |
| MM 09 08 11<br>TO BUFF AND EXAMINE - INDICATIONS<br>- 6 ITEMS TO EXAMINE AFTER BUFFING<br>- OTHER PCS FOUND ACCEPTABLE TO STANDARD. |                                                                   |

**Scope of Services**  
The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

**Standard of Care**  
In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

|                         |                |
|-------------------------|----------------|
| SIGNATURES              |                |
| CLIENT REPRESENTATIVE   | CHANTAL LAUDIR |
| TECHNICIAN (SIGNATURE): | Mike Johnston  |
| NAME (PRINT):           | Mike Johnston  |
| CGSB LEVEL              | SNT LEVEL      |
| CGSB REG. No            | 6066           |
| CGSB LEVEL              | SNT LEVEL      |
| CGSB REG. No            |                |
| DTR # E-20068           |                |
| REPORT REVIEWED BY:     |                |
| NAME                    | INITIALS       |